

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

May-17-1957

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

CARANCI, John Charles

2. CURRENT ADDRESS (No., Street, City, Zone, State)

5770 Eadsall Rd.

Alex. Va.

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

5770 Eadsall Rd.

Alex. Va.

4. HOME TELEPHONE NUMBER

FL-4-5042

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

Alexandria Va.

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.

2. RELATIONSHIP

Brother

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

5. HOME TELEPHONE NUMBER

6. BUSINESS TELEPHONE NUMBER

7. BUSINESS TELEPHONE EXTENSION

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:

SINGLE

☒ MARRIED

WIDOWED

SEPARATED

DIVORCED

ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

APPROVED FOR RELEASE DATE:

12-Nov-2008

WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME (First) (Middle) (Maiden) (Last)

4. DATE OF MARRIAGE

5. PLACE OF MARRIAGE (City, State, Country)

6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING

8. DATE OF DEATH

9. CAUSE OF DEATH

YES

NO

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH

12. PLACE OF BIRTH (City, State, Country)

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

SECTION III CONTINUED TO PAGE 2

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR <i>Oct-1942. Feb-1946</i>	
22. BRANCH OF SERVICE <i>Mab. Corps</i>	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <i>U.S.A.</i>
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN 	

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1	1. FULL NAME (Last-First-Middle) <div style="background-color: black; width: 100%; height: 1.2em;"></div>		2. RELATIONSHIP <i>Uncle</i>	3. AGE <i>48</i>
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <div style="background-color: black; width: 100%; height: 1.2em;"></div>			
	5. CITIZENSHIP (Country) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	6. FREQUENCY OF CONTACT <i>none</i>		7. DATE OF LAST CONTACT <i>none</i>
2	1. FULL NAME (Last-First-Middle) <div style="background-color: black; width: 100%; height: 1.2em;"></div>		2. RELATIONSHIP <i>Aunt</i>	3. AGE <i>45</i>
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <div style="background-color: black; width: 100%; height: 1.2em;"></div>			
	5. CITIZENSHIP (Country) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	6. FREQUENCY OF CONTACT <i>none</i>		7. DATE OF LAST CONTACT <i>none</i>
3	1. FULL NAME (Last-First-Middle) <div style="background-color: black; width: 100%; height: 1.2em;"></div>		2. RELATIONSHIP <i>Aunt</i>	3. AGE <i>40</i>
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <div style="background-color: black; width: 100%; height: 1.2em;"></div>			
	5. CITIZENSHIP (Country) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	6. FREQUENCY OF CONTACT <i>none</i>		7. DATE OF LAST CONTACT <i>none</i>
4	1. FULL NAME (Last-First-Middle) <div style="background-color: black; width: 100%; height: 1.2em;"></div>		2. RELATIONSHIP <div style="background-color: black; width: 100%; height: 1.2em;"></div>	3. AGE <div style="background-color: black; width: 100%; height: 1.2em;"></div>
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <div style="background-color: black; width: 100%; height: 1.2em;"></div>			
	5. CITIZENSHIP (Country) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	6. FREQUENCY OF CONTACT <div style="background-color: black; width: 100%; height: 1.2em;"></div>		7. DATE OF LAST CONTACT <div style="background-color: black; width: 100%; height: 1.2em;"></div>

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☒ YES ☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
<i>Nat. Vernon Bank & Trust Co.</i>	<i>Jefferson Manor, Va.</i>

SECTION V CONTINUED TO PAGE 3

~~SECRET~~
(When Filled In)

SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?	YES	<input checked="" type="checkbox"/> NO	
5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?			
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI		CITIZENSHIP	
1. PRESENT CITIZENSHIP (Country) <u>U.S.A.</u>		2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:	
		<input checked="" type="checkbox"/> BIRTH	<input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS	
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)			

SECTION VII		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE						
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE						
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE						
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE						
2. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS			
		FROM	TO				
4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS			
		FROM	TO				
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE							

~~SECRET~~
3

(When Filled In)

FOREIGN LANGUAGE ABILITIES

LANGUAGE	COMPETENCE - IN ORDER LISTED										HOW ACQUIRED								
	EQUIVALENT TO NATIVE FLUENCY		FLUENT BUT OBVIOUSLY FOREIGN		ADEQUATE FOR RESEARCH		ADEQUATE FOR TRAVEL		LIMITED KNOWLEDGE		NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)					
(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)	R	W	S	R	W	S	R	W	S	R					W	S	R	W	S

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED". INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD

GEOGRAPHIC AREA KNOWLEDGE

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE. TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM
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GREGG	SPEEDWRITING	STENOGRAPH	OTHER (Specify):
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4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (*Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.*), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER. IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE (Year of issue)

6. LATEST LICENSE OR CERTIFICATE (Year of issue)

~~SECRET~~

SECTION XI CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED
9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
2	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
3	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
4	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
5	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	2. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.
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3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED

SIGNATURE OF EMPLOYEE